2005

CHIP Enrollee Survey Report

Prepared by

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for the

Department of Public Health and Human Services

Health Policy and Services Division

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Table of Contents

1.0 EXECUTIVE SUMMARY

This is a summary of an annual survey of families with children enrolled in the Montana CHIP program. The survey assesses client satisfaction with the CHIP program, CHIP providers, and quality of care. In June 2005, we mailed 1,000 surveys to a random sample of CHIP families. Although families might have more than one child enrolled in CHIP, the random sample was based on selecting no more than one child within the same family or household unit. We received back 406 surveys for a high response rate of 41 percent.

1.1 Findings

- 95% of respondents rated their satisfaction with CHIP as very satisfied. On a scale from zero ("completely unsatisfied") to 10 ("completely satisfied") 95 percent of respondents rated their overall level of satisfaction with the CHIP program at a level of seven or higher. This percentage is slightly lower than the result last year of 98%. Sixty-eight percent of 2005 respondents said they were "Completely Satisfied" with CHIP compared with 73% in 2004.
- 40% rated their child's provider as "the best personal provider possible" compared with 45% in 2004. However, 88 percent still rated the provider between seven and ten (on a scale of zero being the "worst personal provider possible" to 10 being the "best personal provider possible").
- 88% rated their understanding of CHIP as high. On a scale from zero to 10 ("understand completely"), 88 percent of respondents rated their overall understanding at a level of seven or higher. This is one percentage point less than for the survey last year.
- 29% reported their child received preventive care. After an increase in reported preventive care over the last three years, this percentage dropped back to the same as in 2002.
- 86% surveyed reported their child had not used the emergency room in the last six-month period. This is one percent more than in the last survey.
- 93% said "No" to feeling that their child received fewer services than other patients. The few who did report a difference mainly mentioned low funds and a lack of dental services.
- 87% surveyed rated dental care as of high quality. On a scale from zero to 10 ("best dental care possible") 87 percent of respondents rated their child's dental care at a level of seven or higher. Forty-six (46) percent rated dental care as the "best dental care possible", a rating of 10.
- 78% reported using the BlueCHIP enrollee handbook. Ninety-nine (99) percent of those who used the handbook found it very or somewhat useful.
- 46% of respondents reside in an area with 75% or more of the population considered living in a rural area. We used Census data for zip code areas to calculate the percentage of the population reported as rural and as urban in each zip code area. Thirty-one (31) percent of respondents live in zip code areas with a population of at least 75 percent urban. Although breaking data down by urban versus rural reduces the robustness of the

analysis, it appears that generally there are few differences in the understanding, behavior and satisfaction levels for urban and rural respondents.

1.2 Enrollee Comments

Of the 143 respondents who volunteered their comments at the end of the survey, most made positive comments. Dental coverage continued to be the area most often mentioned as a problem with 10 people reporting problems with the choice of dental providers and 18 commenting on limitations for dental coverage. Some of the comments are:

Dental providers are completely unresponsive to new CHIP patient requests. We cannot even get a return phone call.

I can't seem to find a dentist who will take new and CHIP patients.

I wish there were more dentists who honored CHIPs. The few that take CHIPs in our area aren't good with little children.

In three years, I've used the dental very little, because the list of dentists, all of them, have different ages they accept or are not accepting new patients. With 3 children on CHIPs, it was extremely difficult to find one provider for all. So I used Ronald McDonald for cleaning.

Child needed corrective orthodontic care, but none covered. Ended up pulling a tooth to relieve pain and pressure.

My son has bad teeth and the dental benefit isn't enough. His teeth are so crowded he needs braces for the health of his teeth. I wish there was an allowance for orthodontics.

Seventy-one percent of those providing comments and suggestions offered positive comments about the CHIP program. A sample of their comments follows:

CHIP has been a huge blessing to our family. My husband has always worked, but health care is unaffordable.

CHIP has been an absolute great help with my children's health care. With being a farm family and no insurance, it has made it possible for them to get health care when they need it. Thank you.

CHIP has enabled me to keep my children covered with health insurance and get well child checks while pursuing a nursing degree. If not for CHIP, I couldn't have afforded insurance.

I would like to say Thank you from the bottom of my heart, for helping us out with my son's medication & doctor visits, without you, he would surely suffer due to cost of meds and doctor visits. Thank you again.

This is a wonderful program! Real solutions for real families.

We appreciate CHIP very much. My husband is a rancher and self-employed, but we couldn't afford health insurance. Thank you CHIP!

When I have called needing help, everyone is helpful and very polite. Without this program, I could have never afforded for my daughter to be treated. Thank you!

1.3 Conclusions and Recommendations

CHIP continues to receive high ratings from the parents and guardians of children benefiting from the program. Although the satisfaction ratings were slightly lower this year than last year, the vast majority of respondents reported they are generally happy with all aspects of CHIP and are grateful to have the program available for their children.

The main area of concern for respondents continues to be the lack of availability of dental providers and the limitations on dental care coverage. From a programmatic viewpoint, one of the main areas of concern is the continued low rate of preventive care. The results for children age two and younger, when EPSDT guidelines recommend multiple well child checkups and immunizations, should be viewed with caution due to the small number of respondents for that age group. One explanation for the low rate of reported preventive care is that with over 70 percent of respondents reporting at least one provider visit, EPSDT encounters are occurring in tandem with acute care.

Based on the results of the survey this year, we respectfully submit the following recommendations for action:

- Increase education and outreach about the value of preventive care and the availability of coverage for it, especially pertaining to teenagers and to children age 2 and under
- Continue to seek the involvement of providers in areas underserved by dentists, mental health professionals and specialists
- Promote education and outreach to explain the dental and vision benefits, requirements and limitations
- Conduct another survey in the future to monitor the decrease in satisfaction ratings and to collect data concerning preventive care received in conjunction with acute care.

2.0 INTRODUCTION TO THE STUDY

The purpose of the annual survey is to assess client satisfaction regarding the perceived quality and timeliness of services received by individual providers as well as the CHIP program. The intention of this survey is not to compare the Montana CHIP program to other states. Instead, this survey is designed to assess client satisfaction with the program in various areas, such as quality of care, timeliness of care, and available providers. It is conducted annually to determine if there are changes in the quality or timeliness of care from year-to-year.

The CHIP survey tool was developed by MAXIMUS in conjunction with the CHIP Quality Assurance Program Officer at the Department of Public Health and Human Services. In creating the CHIP survey, MAXIMUS used the child survey instrument created for Montana's PASSPORT to Health program as a basis for the CHIP survey. Although there are a few differences between the CHIP and the PASSPORT to Health child survey instruments, a significant number of questions are the same in both surveys. Conducting the survey on an annual basis facilitates a comparative analysis of findings from one year to the next. Any changes that occur to the survey instrument each year is minimal to ensure that yearly comparisons can be made.

3.0 METHOD OF RESEARCH

Our research methodology is based on nationally recognized guidelines for CAHPS® survey administration.

3.1 Sample Selection

MAXIMUS received an electronic file from the Department of Public Health and Human Services containing a random sample of 1,000 CHIP enrollees. During random selection, procedures were used to ensure only one child per household was selected for the survey, and the sample contained no names that were used for previous CHIP surveys.

Descriptive analysis of survey findings included generating tables and graphs showing the frequency distributions associated with each survey question. The percentages for each question are based only on the number of people who answered each specific question. For example, if 10 of the 406 respondents did not answer a question, the percentages for responses to that question would be based on 396, not 406. Responses from those who did not appropriately follow skip patterns were excluded from percentage calculations also. These numbers are clearly detailed in Appendix A: Survey Question by Question Results.

NCQA (National Committee for Quality Assurance) standards for administering the CAHPS survey suggest the sample size should be sufficient in size to ensure the margin of error associated with survey responses is +/- 5 percent using a 95 percent confidence interval. In our experience of attaining more than a 40 percent response rate for the CHIP survey, a sample size of 1,000 is sufficient to ensure we do not exceed a +/- 5 percent margin of error using a 95 percent confidence level. This applies to all questions that we would expect the whole CHIPS

population to answer. To permit statistical analysis for subgroups, the sample size will need to be adjusted upwards to ensure an adequate number of people responding to each question.

3.2 Survey Procedure

In June 2005, 1,000 CHIP surveys were mailed to households selected to participate in the survey. Responses from the survey were entered into a Microsoft ACCESS database as surveys were returned. Our database also included the ability to track surveys sent to incorrect addresses. Client identifying information was excluded in conducting the analysis to ensure client confidentiality.

Approximately two weeks after the initial surveys were mailed reminder postcards were sent to non-respondents. This postcard was intended to encourage families to complete and return the CHIP survey. To reach the goal of having at least 400 completed surveys, our experienced Help Line professionals called non-respondents to offer them the opportunity to complete the survey over the phone. By using survey mailings, reminder postcards and telephone surveys, we were able to collect 406 completed surveys.

4.0 SURVEY RESEARCH FINDINGS

We present the overall findings from the survey organized as follows:

4.1 Characteristics of CHIP Children and Survey Respondents
4.2 Utilization of and Satisfaction With CHIP Customer Service and Materials
4.3 Personal Provider
4.4 Health Care
4.5 Dental Care
4.6 Preventive Care
4.7 Timeliness of Receiving Care
4.8 Provider Communications

4.1 Characteristics of CHIP Children and Survey Respondents

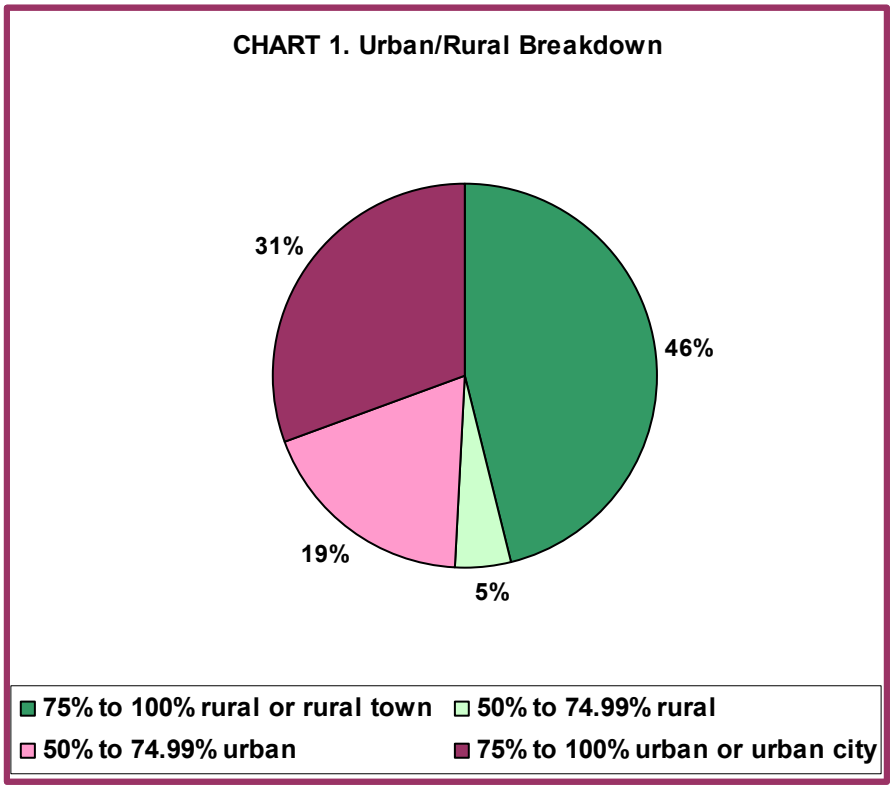
Only six of the 406 surveys returned did not have an indication of the child's gender. Of those surveys with the child's gender specified, 58 percent were completed focusing on a male child and 43 percent pertained to females. Age of child was also well reported with only slightly less than two percent missing. Of those who did respond, the largest age group was the 12 to 18-year-old age group with 43 percent. The seven to 11-year-old age group was the next largest at 26 percent followed closely by the three to six-year-old age group at 23 percent. Only eight percent (31 children) were in the birth to 2-year-old group. The small size of this age group diminishes the confidence with which we can view the results of the survey questions pertaining to them.

The question about race allows for selection of multiple racial identities; however, the vast majority only selected one race. Only one respondent checked three races and 11 respondents checked two races. Ninety-three percent of the ones who did respond indicated their child is "White", six percent indicated their child is "American Indian or Alaska Native", and two

percent indicated their child is an unspecified race. Less than one percent indicated their child's race as "Black or African American", "Native Hawaiian or Pacific Islander" or "Asian."

A separate question asks about ethnic identification as Hispanic or Latino. Only 13 respondents (3%) indicated that their child is Hispanic or Latino. Five of these families indicated that their child was Hispanic or Latino without any racial identity. Four respondents selected both Hispanic and White to describe their children's racial-ethnic identity. The remaining four families with a Hispanic or Latino child included one American Indian and three multi-racial children. Only one family did not indicate their child's race and did not signify that their child was Hispanic or Latino.

For the first time, we asked respondents for information that could be used to define them as residing in an urban or a rural section of Montana. We asked respondents to write in their zip code and we also asked them for contact information if they wanted us to contact them. Almost everyone supplied a zip code. We matched the zip codes to the Census Table P2. Urban and Rural to gain information about the number of people by zip code who are considered urban. The Census Bureau defines urban as "All territory, population and housing units in urbanized areas and in places of more than 2,500 persons outside of urbanized areas. 'Urban' classification cuts across other hierarchies and can be in metropolitan or non-metropolitan areas." The resulting breakdown by urban/rural population within zip codes provided by respondents is displayed in *CHART 1. Urban/Rural Breakdown*.



Most survey respondents (92 percent) are female. Forty percent are 35 to 44 years old, 31 percent are between 25 and 34 years old with another 23 percent being 45 to 54 years old. Only 10 percent of respondents reported that they had not completed high school or earned a GED.

Forty-four percent of respondents have some college or a two-year college degree with only 15 percent of all respondents having earned an undergraduate or advanced degree. Almost all (99%) of respondents are the mother or father of the child about whom they are completing the survey.

When asked how long their child had been continuously enrolled in CHIP, 60 percent of the 401 who responded marked "Longer than 24 months" while 19 percent indicated "12 to 24 months." Thus over 3/4 of all survey respondents indicated enrollment for 12 or more months in a row.

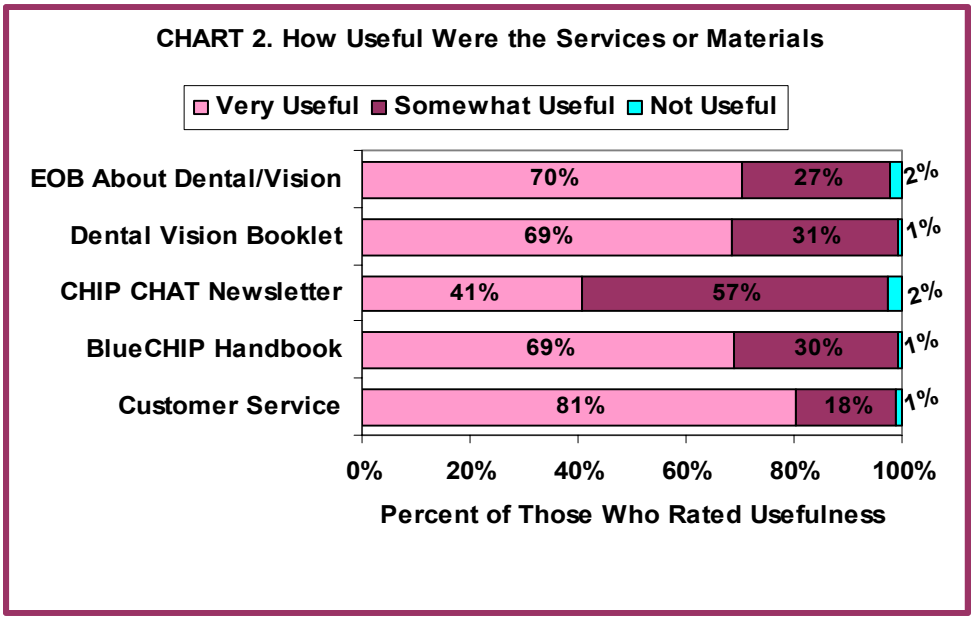
Eighty-six percent of households rated their child's health as "Excellent" or "Very Good" while only one of the surveyed households rated their child's health as "Poor". The heavy majority reporting good health has been a consistent characteristic of the CHIP survey respondents over the years.

4.2 Utilization of and Satisfaction with CHIP Customer Service and Materials

One of the primary roles of CHIP Customer Service and CHIP program materials is to assist families in understanding and utilizing the program. Families were asked to rate their overall understanding of the CHIP Program on a scale from zero ("Do Not Understand At All") to 10 ("I understand Completely"). Eighty-eight percent of respondents rated their level of understanding of the CHIP program at a value of seven or higher with nearly 30 percent rating their understanding as a 10.

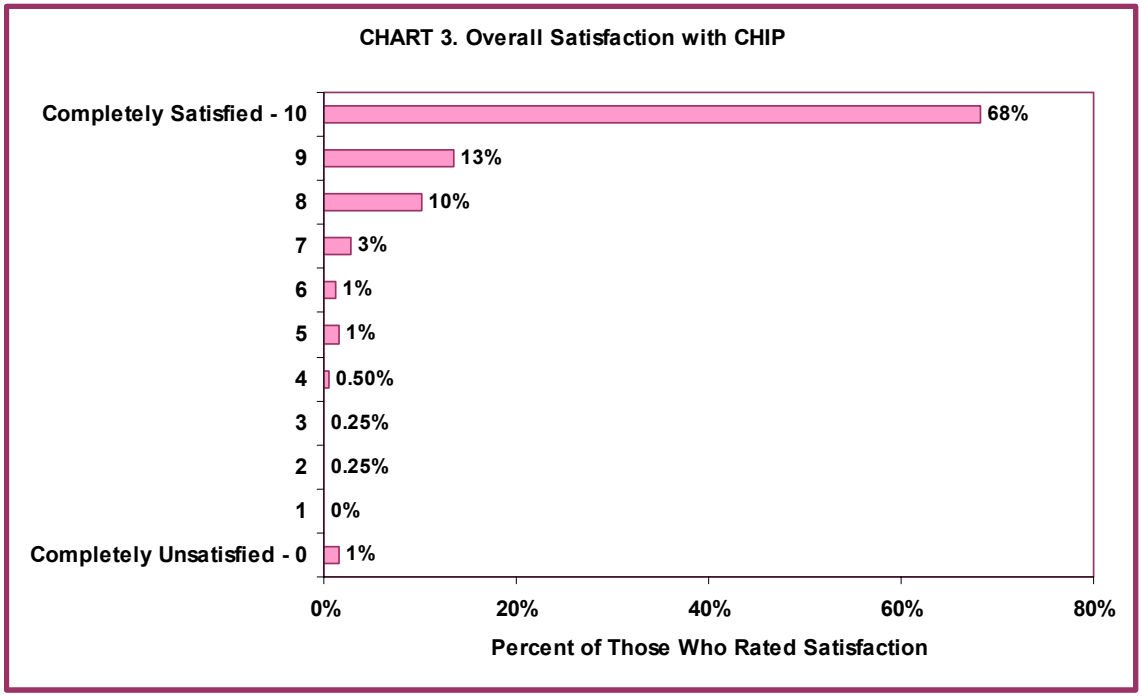
We asked respondents about their use of services and materials. The least used was BCBS/BlueCHIP Customer Service which 46 percent of respondents had used and the *Dental Care and Eyeglasses for Children in CHIP* booklet which 62 percent of respondents had used. Other materials were more widely used with 78 percent having used the BlueCHIP Enrollee Handbook, 81 percent having read the CHIP Chat newsletter, and 81% having received an Explanation of Benefits regarding dental or vision services.

As displayed in *CHART 2. How Useful Were the Services or Materials*, a majority of those who rated the usefulness of customer service and the materials rated them as "Very Useful" with the exception of the CHIP CHAT newsletter. Only 41 percent rated it that high in usefulness.



It is important to note that for every type of material and the BCBS/BlueCHIP Customer Service, less than three percent rated any as "Not Useful." As a testament to the quality of support provided by Customer Service, 81 percent who rated it, rated it as "Very Useful."

Using a scale from zero ("Completely Unsatisfied") to 10 ("Completely Satisfied"), a vast majority (95%) of respondents rated their overall level of satisfaction with the CHIP program at a level of seven or higher. Sixty-eight percent said they were "Completely Satisfied" with the program. *CHART 3. Overall Satisfaction with CHIP* is a graphic representation of the distribution of respondents by level of satisfaction with the CHIP program.



Only five respondents or one percent of the total surveys received did not include an overall rating of satisfaction with the CHIP program.

4.3 Personal Providers

The success of any health care program is dependent on the success of the client-provider relationship. These successful relationships form the foundation for better health care, including preventive care, and better compliance with provider instructions for follow-up care at home. We asked CHIP families how much of a problem, if any, they had getting their child a personal provider with whom they are happy. Twenty-two percent of respondents indicated that their child did not get a new personal provider. Of the 78 percent who did rate the level of difficulty they experienced, 96 percent chose "Not a Problem" as their response.

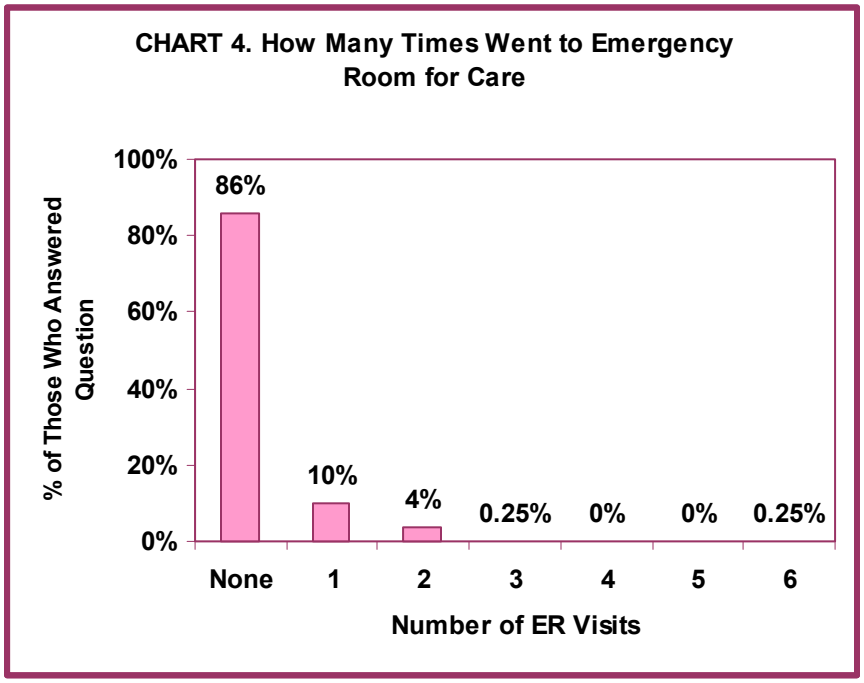
When enrollees were asked to rate their provider from zero ("Worst Personal Provider Possible") to 10 ("Best Personal Provider Possible"), only four percent of respondents reported that their child did not have a personal provider. Of those who did rate their child's provider, 92 percent

rated their child's provider at seven or higher with 42 percent rating their child's provider as the "Best Personal Provider Possible."

4.4 Health Care

Families were asked if their provider's office helped them find another place to go when their personal provider could not see them. Forty-eight percent reported the provider's office did provide this type of assistance. Of those who said yes and indicated the alternative source of care, 86 percent said they were referred to another doctor or nurse, nine percent were referred to a public health clinic or community health center and six percent were referred to a hospital emergency room. Two percent wrote walk-in or urgent care clinic as the "Other" source of care while three percent wrote that they were referred for tests, X-rays or specialist services. Obviously, this question is not well understood as written and should be reworded in any future surveys to capture what happens when the appropriate source of care is the personal provider but the child's personal provider is unable to see the child. It would also be helpful to differentiate between the simple transfer of the case to another provider in the same office or clinic and the referral of the child to someone outside of the usual place of service.

Part of the benefit of regular preventive and managed care is the reduction of inappropriate or frequent use of the emergency room. We asked families to indicate the number of times they used the emergency room in the last six months. As *CHART 4. How Many Times Went to Emergency Room for Care* illustrates, most respondents (86%) reported they had not used the emergency room in the last six months.

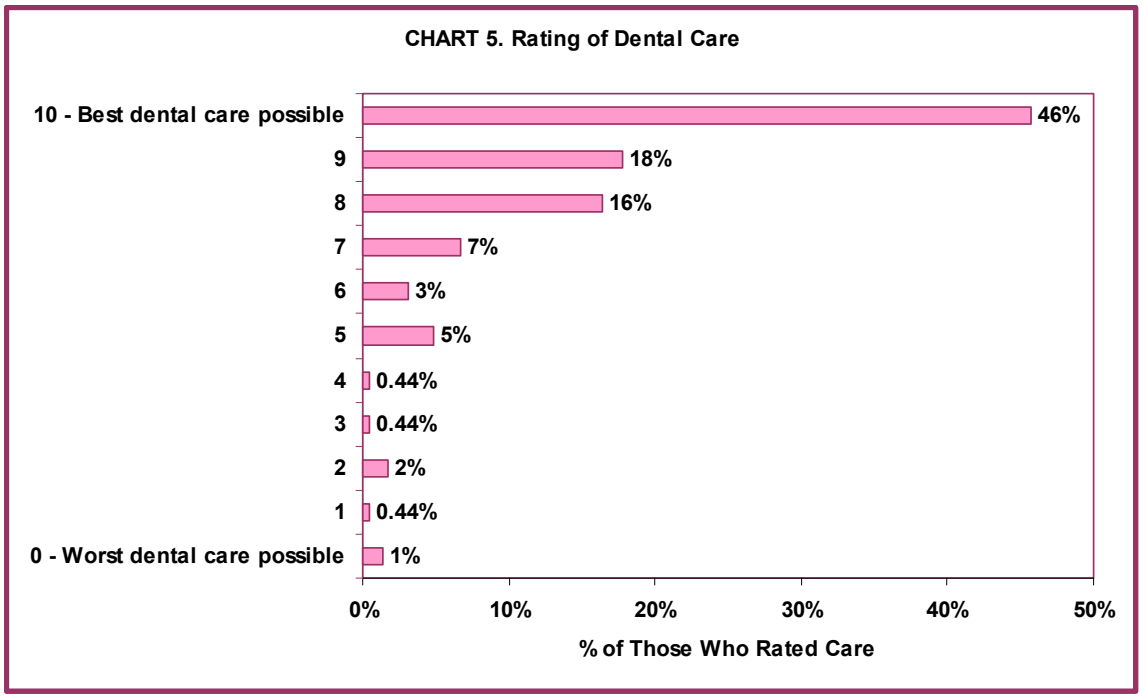


Of those who had used the emergency room, less than one percent used the emergency room more than two times.

4.5 Dental Care

The CHIP survey included a number of questions about access to and utilization of dental care services. Fifty-seven percent of CHIP respondents indicated their child received dental care in the last six months. Of those who received dental care, 57 percent visited the dental provider once and 30 percent visited two times. No one indicated "10 or more" dental visits.

Respondents were asked to rate the quality of dental care their child received on a scale from zero ("Worst Dental Care Possible") to 10 ("Best Dental Care Possible"). As illustrated in *CHART 5. Rating of Dental Care*, 87 percent of those responding rated the quality of dental care as a seven or more with 46 percent indicating the quality of care was the best possible.



4.6 Preventive Care

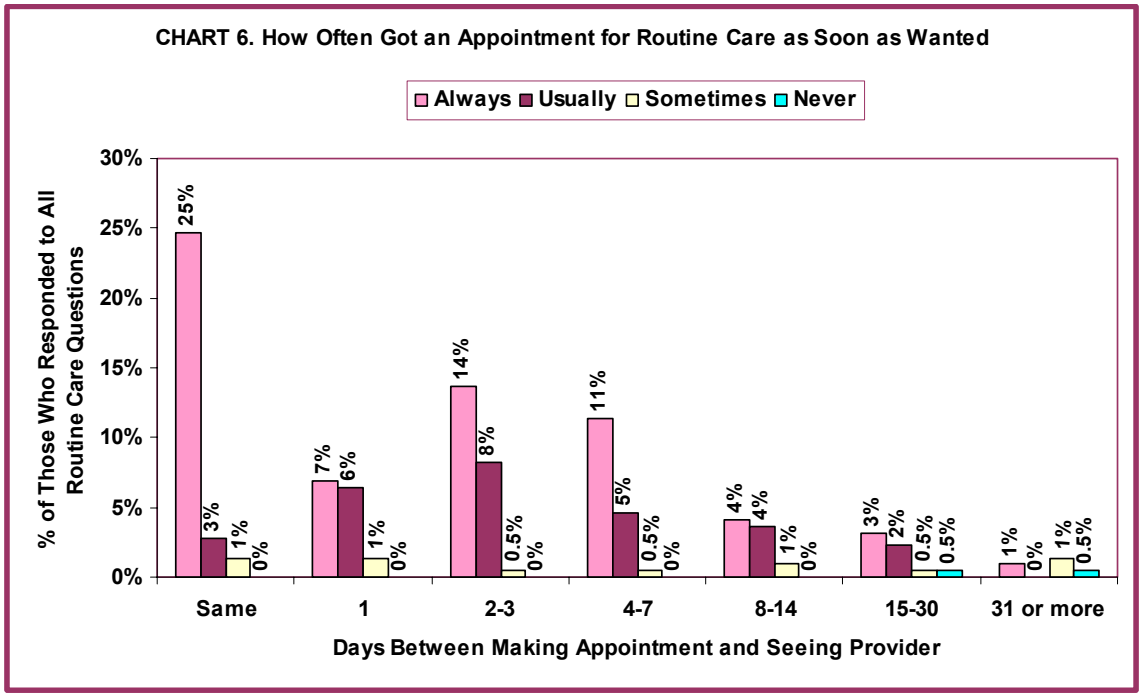
One of the advantages of being enrolled in a health care plan is having access to preventive care services. Only 29 percent of respondents indicated their child received preventive care within the last six months. Of those who did not receive preventive services, 93 percent reported their child did not need any preventive care during the last six months. Given the age groups of most of the children about whom these surveys were completed, the lack of preventive care is not very disturbing.

Of the 45 (11%) respondents who reported that the child is a two-year-old or younger, half (51%) reported they received reminders from the provider's office to bring their child in for a check-up or to see how the child was doing. Only 27 percent of respondents reported they had taken their child in for health care services since birth. Due to the small number of children

included in this age group, care should be taken in using this information as a sign of a very low level of EPSDT services for CHIP children age two and under. In addition, the tendency for respondents to answer questions in this area when the instructions say to skip the questions is an indication that we need to consider rewording this part of the survey for clarity.

4.7 Timeliness of Receiving Care

An important measure of quality of care is the timeliness of receiving required care. We asked respondents whether their child received timely care for both routine and non-routine care. Non-routine care is care required immediately due to an illness or an injury. Of those respondents who indicated that their child received care, 65 percent felt they were "Always" able to obtain regular or routine care for their child when they wanted and 77 percent were "Always" able to receive timely care due to an illness or injury. Eighty-three percent of respondents waited for a week or less for routine care, while 91 percent obtained non-routine care within one day or less of the request. *CHART 6. How Often Got an Appointment for Routine Care as Soon as Wanted* displays the interaction of how often parents felt their children were able to get an appointment with a provider for routine care as quickly as they wanted by how long they indicated they waited for an appointment.



After arriving at the provider's office, more than half of respondents (56 percent) reported they waited no more than 15 minutes to see their child's provider and 34 percent waited between 16-30 minutes.

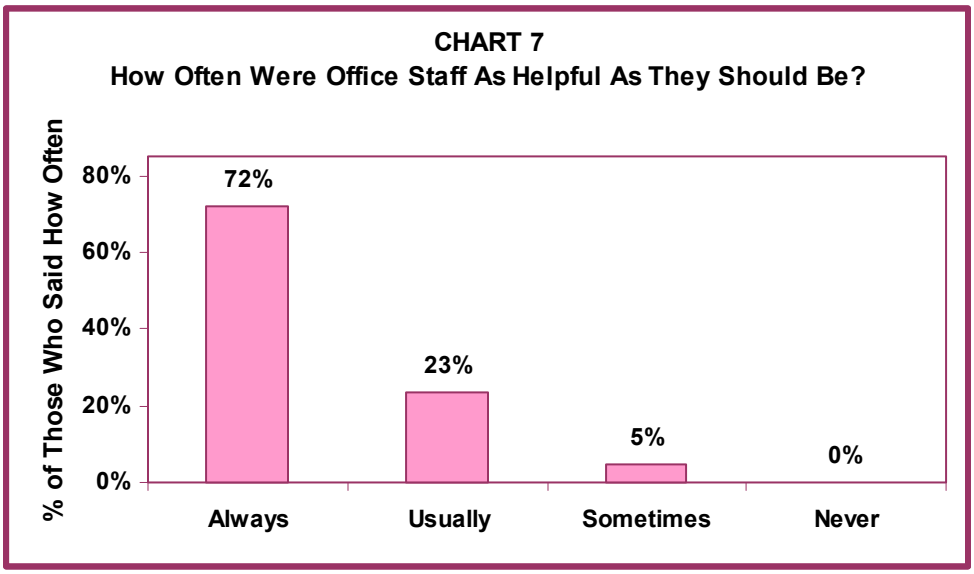
4.8 Provider Communication

Communication is key to an enrollee's understanding of his or her health and treatment. Good communication may be one of the biggest factors in a client's

compliance (or lack of compliance) with health care recommendations. We asked families some questions in reference to both the provider and the provider's office staff.

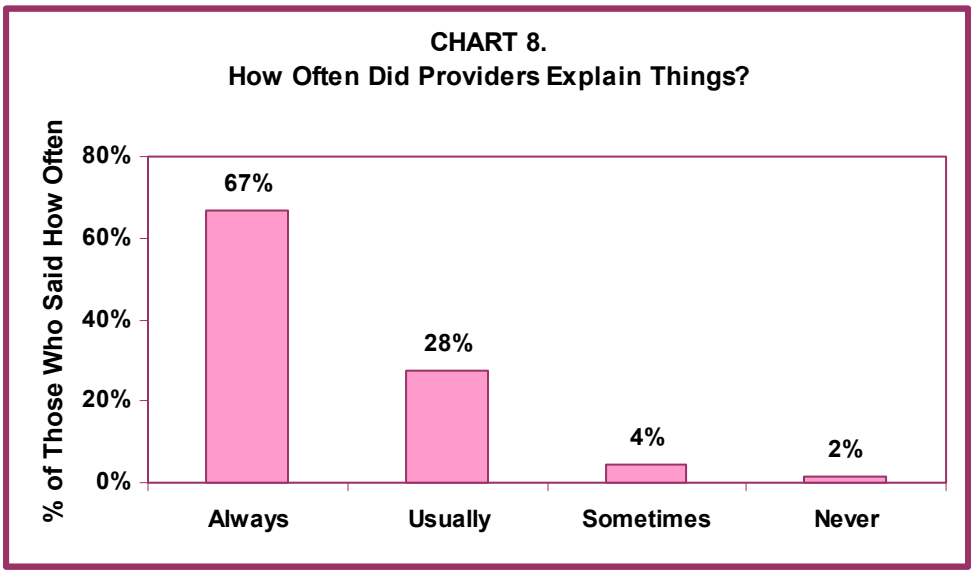
Forty-four percent of survey respondents called a provider's office during regular office hours to receive help or advice concerning their child. Of those who called, 78 percent reported "Always" receiving the help or advice they required.

CHART 7. How Often Were Office Staff as Helpful as They Should Be graphically presents that for children who went to a provider's office within the last six months, 72 percent reported office staff were always as helpful as the respondent thought they should be.



Of those who considered their child old enough to understand, 67 percent of respondents whose children had gone to the provider's office during the last six months reported the provider "Always" explained things in a way the child could understand.

See *CHART 8. How Often Did Providers Explain Things* for a graphic representation of the results for this question.



5.0 COMPARISONS

By comparing data by groups and across time, we can draw a more meaningful picture of situations. In particular, annual comparisons allow us to note changes across time that may indicate a need for change or an affirmation of the positive nature of past change. Comparing data for those living in urban areas versus rural areas may help us to differentiate the needs of these two groups. Section 5 is broken down into the following areas:

5.1 Urban versus Rural

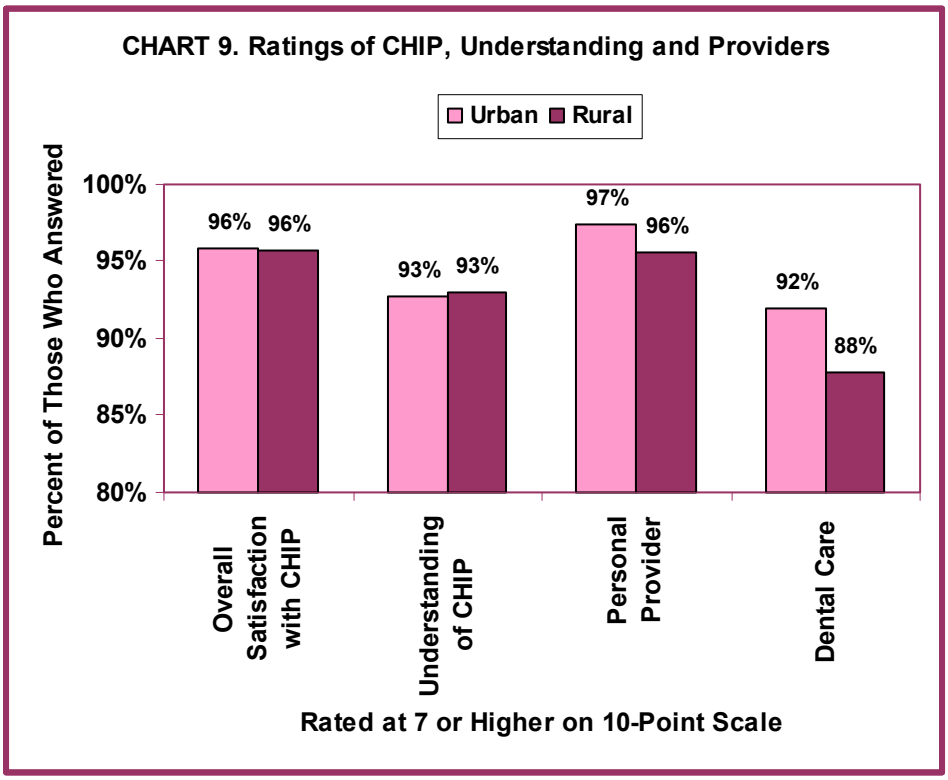
5.2 Annual Comparisons

Our annual comparisons track ratings since 2001. This is the first year that we have gathered information that allowed us to differentiate between those living in an urban area and those living in a rural area of Montana.

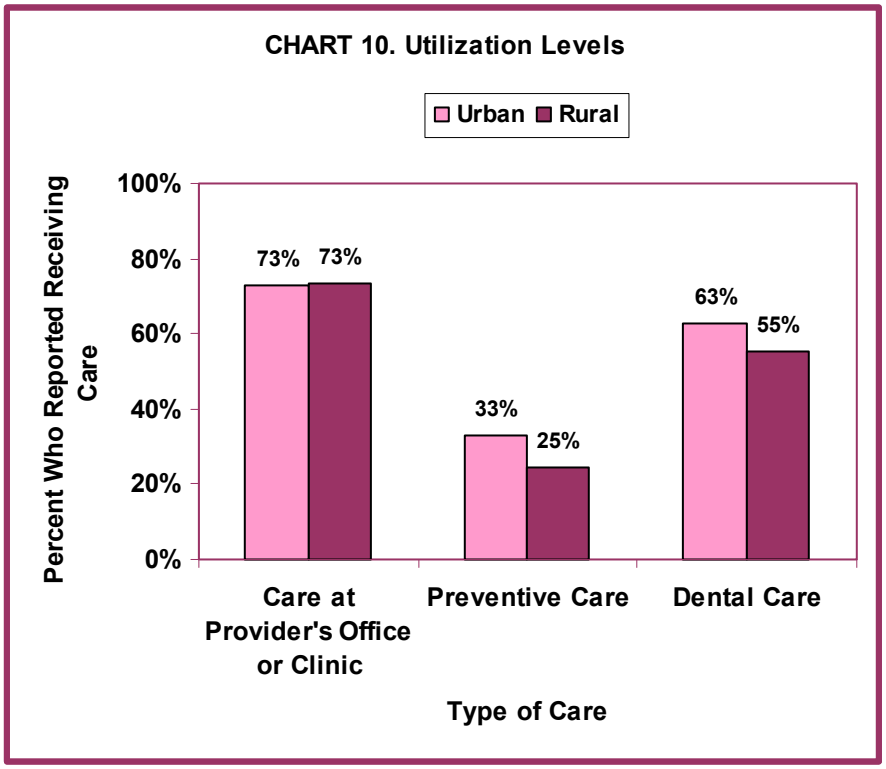
5.1 Urban versus Rural

For the purpose of rural/urban comparison, we are using only those respondents who live in zip code areas that are at least 75 percent rural or urban. This selection results in 186 rural respondents and 123 urban respondents, therefore the numbers are too small in multiple cells to justify using Chi-Square.

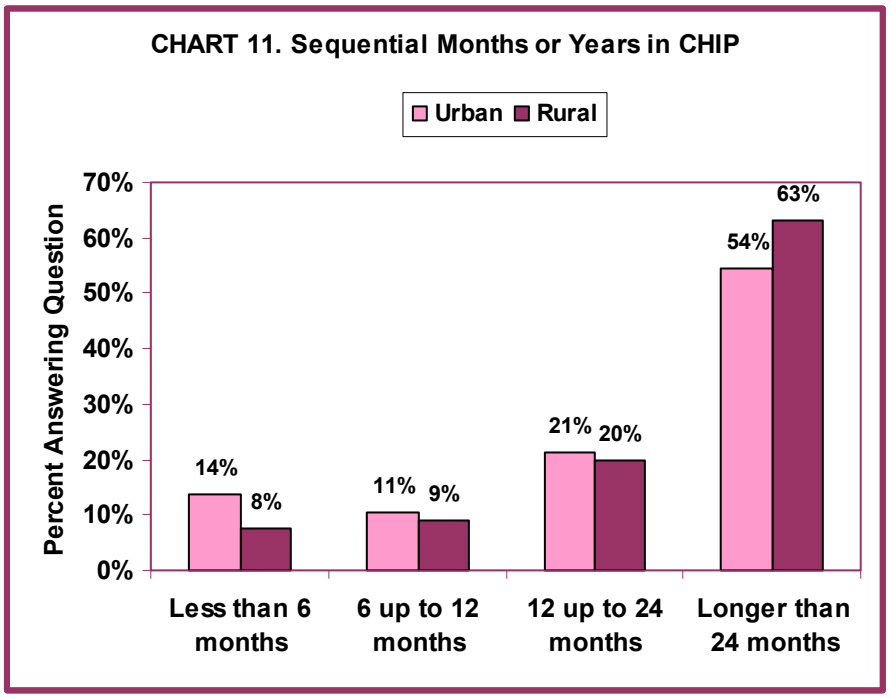
Overall satisfaction ratings, level of understanding and provider and care ratings, displayed in *CHART 9. Ratings of CHIP, Understanding and Providers*, are similar for both groups.



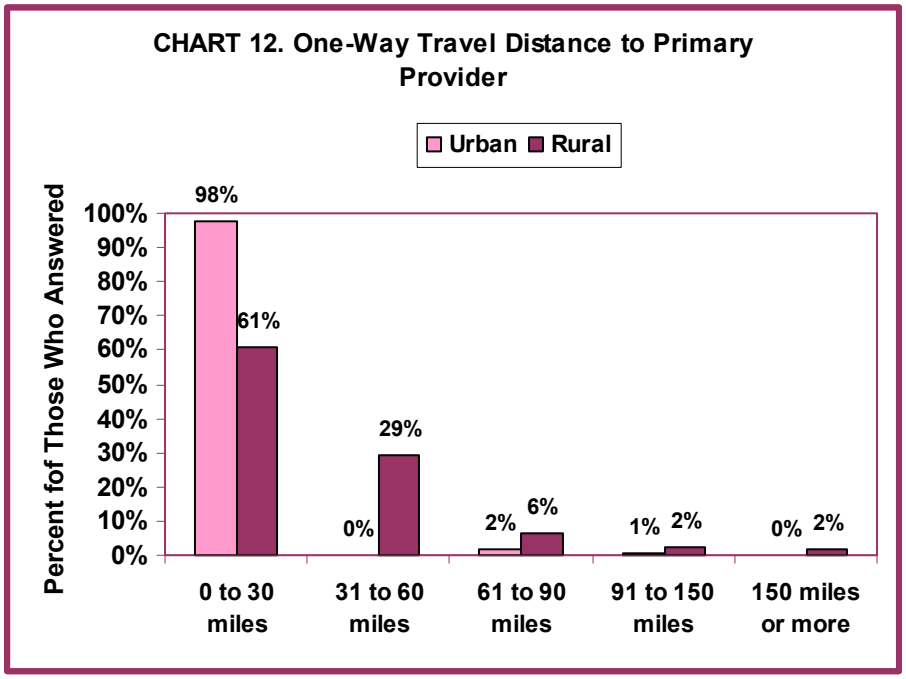
Utilization levels, provided in *CHART 10. Utilization Levels*, are slightly lower for rural residents, especially for dental and preventive care. The lack of dental care may be related to the availability of dentists in some rural areas.



Differences in length of time in the program are most noticeable for the short-term and long-term families with more urban residents in the program for less than six months while more rural are in the program for longer than two years. This is graphically represented in *CHART 11. Sequential Months or Years in CHIP*.

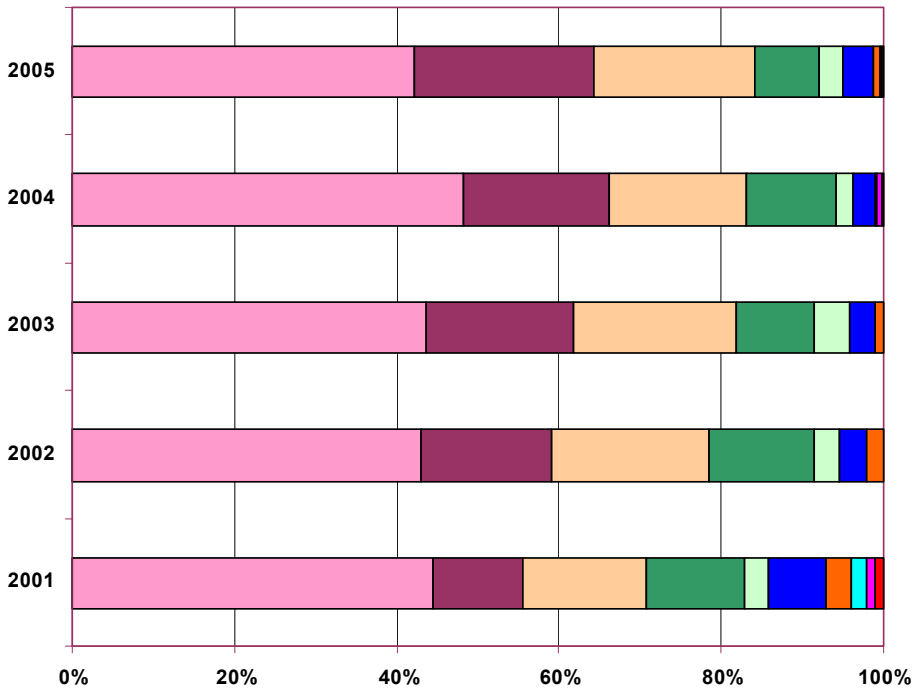


Finally the most expected and most noticeable differences occur in the distance that families go to reach their child's provider. See *CHART 12. One-Way Travel Distance to Provider* for a view of these differences.

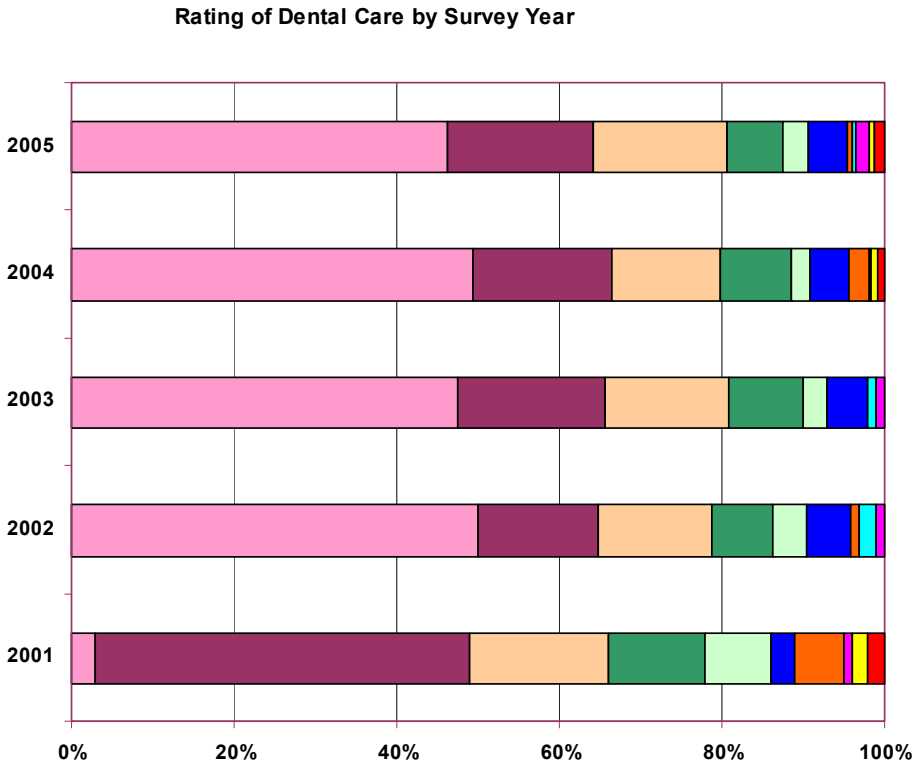


5.2 Annual Comparisons

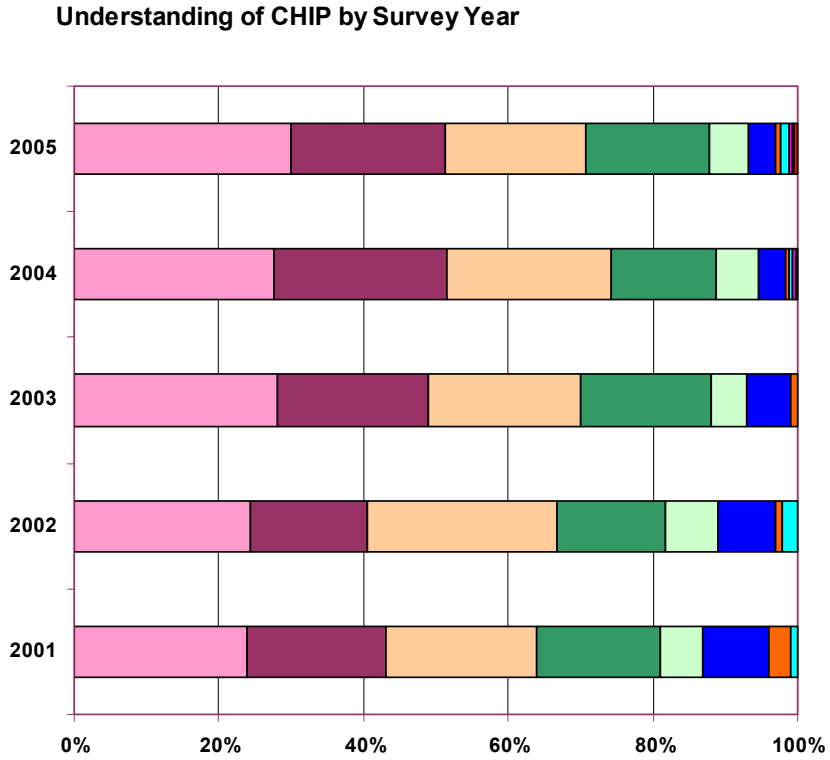
The following charts compare responses to rating questions across years surveyed. On most questions, while there might be small changes in specific ratings, there was no significant change in the general ratings (high, medium, low) from 2002 to 2005. Due to rounding, some percentages less than one percent appear in the data tables as 0%.



	2001	2002	2003	2004	2005
0 - Worst Possible	1%	0%	0%	0%	0%
1	0%	0%	0%	0.2%	0%
2	1%	0%	0%	0.5%	0.3%
3	2%	0%	0%	0.2%	0.3%
4	3%	2%	1%	0%	1%
5	7%	3%	3%	3%	4%
6	3%	3%	4%	2%	3%
7	12%	12%	9%	11%	8%
8	15%	18%	19%	17%	20%
9	11%	15%	17%	18%	22%
10 - Best possible	44%	40%	41%	48%	42%

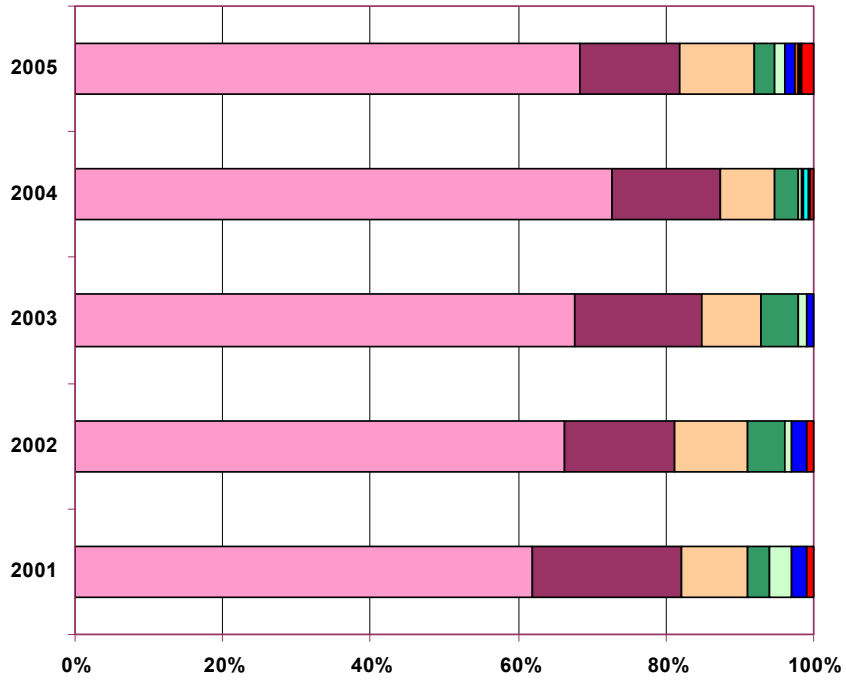


	2001	2002	2003	2004	2005
0 - Worst possible	2%	0%	0%	1%	1%
1	2%	0%	0%	1%	0.4%
2	1%	1%	1%	0.4%	2%
3	0%	2%	1%	0%	0.4%
4	6%	1%	0%	2%	0.4%
5	3%	5%	5%	5%	5%
6	8%	4%	3%	2%	3%
7	12%	7%	9%	9%	7%
8	17%	13%	15%	13%	17%
9	46%	14%	18%	17%	18%
10 - Best possible	3%	47%	47%	49%	46%



	2001	2002	2003	2004	2005
0 - Do not understand at all	0%	0%	0%	0.2%	0.5%
1	0%	0%	0%	0%	0.2%
2	0%	0%	0%	0.4%	0.5%
3	1%	2%	0%	0.4%	1.0%
4	3%	1%	1%	0.4%	1%
5	9%	8%	6%	4%	4%
6	6%	7%	5%	6%	5%
7	17%	15%	18%	15%	17%
8	21%	26%	21%	23%	20%
9	19%	16%	21%	24%	21%
10 - Understand Completely	24%	24%	28%	28%	30%

Overall Satisfaction with CHIP by Survey Year



	2001	2002	2003	2004	2005
0 - Completely Unsatisfied	1%	1%	0%	0.4%	1%
1	0%	0%	0%	0.0%	0.0%
2	0%	0%	0%	0.2%	0.2%
3	0%	0%	0%	1%	0.2%
4	0%	0%	0%	0.0%	0.5%
5	2%	2%	1%	0.2%	1%
6	3%	1%	1%	0.4%	1%
7	3%	5%	5%	3%	3%
8	9%	10%	8%	7%	10%
9	20%	15%	17%	15%	13%
10 - Completely Satisfied	62%	67%	67%	73%	68%

6.0 CONCLUSION

Overall, the families surveyed this year seemed to be slightly less happy with the CHIP program compared to the families who have been surveyed in past years. A majority of respondents, however, still indicated that they are satisfied with the program. The most common theme of the many comments received was thankfulness for the program.

As in past years, most of the negative comments concerned the dental program. The overall shortage of dentists in Montana exacerbates the difficulty that CHIP parents experience in securing dental care for their children. A continuation of educational efforts aimed at informing parents of the universality of the dental care shortage, while not alleviating the problem, should help parents reframe the issue from a CHIP issue to a Montana one. In addition, families continue to ask for coverage for orthodontic care and for an increase in the amount of coverage. Once again education can help to normalize these respondents' view of the value of the CHIP coverage and benefits levels.

The percent of enrollees receiving preventive care decreased which may be due to the preponderance of older youth in the surveyed population. As the overall percent receiving preventive care remains low, we recommend that the CHIP program continue to review current methods of outreach and education and incorporate, whenever possible, a more aggressive approach to preventive care.

In conclusion, CHIP continues to receive high ratings from survey respondents. The vast majority reported they are generally happy with all aspects of CHIP and are grateful to have this program available for their children. According to respondents, CHIP continues to provide children and their families with much needed care and a high quality of service.

APPENDICES

A. Survey Question by Question Results

B. Verbatim Comments and Open-ended Responses

C. Survey Instrument